Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MORAN FOR KANSAS PO Box 541 ADDRESS (number and street) (Check if address is changed) Belleville 66935-0541 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS T GOTTSCHALK@GOTTSCHALKCPAS.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.moranforkansas.com (Check if address is changed) DATE 18 2022 C00458315 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. GOTTSCHALK, TIMOTHY, , , Type or Print Name of Treasurer GOTTSCHALK, TIMOTHY, , , [Electronically Filed] 07 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Moran, Jerry, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State KS District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a NAT (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperation	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	;).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

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٧	Vrite or Type Committee Name		
	MORAN FOR I	KANSAS	
6.		ganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	Red Victory 2022		
	Mailing Address	PO Box 183	
		1	
		Hudson WI	54016-0183
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representation	esentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the p	person in possession of committee
	GOTTSCHA	ALK, TIMOTHY, , ,	
	Full Name		
	Mailing Address	PO BOX 541	
		Belleville	66935-0541
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	785 - 527 - 5631
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the comn ssistant treasurer).	nittee; and the name and address of
	Full Name GOTTSCH/	ALK, TIMOTHY, , ,	
	of Treasurer		
	Mailing Address	PO BOX 541	
		Belleville	S 66935-0541 -
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	785 - 527 - 5631

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Full Name Designated Agent	GOTTSCHALK, TIMOTHY, , ,	
Mailing Add	PO BOX 541	
	Belleville	66935-0541
T:: 0	CITY ▲ STATE	▲ ZIP CODE ▲
Title or Pos		. 705 507 5624
Designated	gent Telephone number	785 - 527 - 5631
Banks or C safety depo	ner Depositories: List all banks or other depositories in which the committee depositories or maintains funds.	sits funds, holds accounts, rents
Name of Ba	x, Depository, etc.	
	Astra Bank	
Mailing Add	PO Box 10	
	Belleville	66935
	CITY ▲ STATE	▲ ZIP CODE ▲
Name of Ba	s, Depository, etc.	
	BB&T	
Mailing Add	1909 K Street NW	
Mailing Add		
	Washington	
	Washington	20006
	CITY ▲ STATE	▲ ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r			C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Moran Victory Co	mmittee		
Mailing Address	PO Box 541		
	Belleville	KS	66935-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
Connecte			Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, BB&T	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bank	Fundraising Representation	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail and the same of Bank, BB&T	Affiliated Committee y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	Fundraising Representation	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material boxes or material boxes. BB&T epository, etc.	d Organization Affiliated Committee Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. Bank	Fundraising Representation	ZIP CODE A

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	2115 M St			
Name of Bank, Citizens Depository, etc.	s National Bank			
Banks or Other Depositori cafety deposit boxes or main		other depositories in which	ch the committee deposi	ts funds, holds accounts, rents
			Telephone Number	
TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address (pl	hone number – optional)		
Connected	Organization Affi	iliated Committee	nint Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
	Austin		TX	78711-
Mailing Address	1 0 Box 13020			
	PO Box 13026			
Name of Any Connected C		ed Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Sponso
4.			FEC ID number	[C]
3.			FEC ID number	C
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or(h). Joint Fundrais			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint F	Fundraising Representativ	ve, or Leadership PAC Sponsor
Mailing Address	228 S Washington St		
	Ste 115 Alexandria	VA .	22314-
Relationship:	CITY A	STATE A	
		Joint Fundraising Represen	
Designated Agent: Iden	tify by name, address (phone number – optiona	al)	
Designated Agent: Iden	tify by name, address (phone number – optiona	al)	
	tify by name, address (phone number – optional	al)	
Full Name	tify by name, address (phone number – optional	al)	
Full Name	CITY A	al) STATE	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

epository, etc.					
epository, etc.					
ame of Bank, Astra E	Bank 				
afety deposit boxes or ma	intains funds.				
anks or Other Depositor	ries: List all bank	s or other depositories in v	which the commi	ttee denosi	ts funds, holds accounts, ren
			Telephone N	lumber	
TITLE OR POSITION	▼	CITY A		STATE A	ZIP CODE ▲
Mailing Address					
Full Name					
	by name, addre	ss (phone number – option	al)		
Connected	I Organization	Affiliated Committee	Joint Fundraisin	g Represent	ative Leadership PAC Sp
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Alexandria		I	VA	22314-
	Ste 115				
Mailing Address	228 S Washin	gton St			
Team McConnell					
	Organization, At	ffiliated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spon
4			FEC II	O number	C
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2.				D number	C
				O number	C

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.		FEC	C ID number	C
		FEC	C ID number	С
3.		FEC	C ID number	С
4.		FEC	C ID number	С
lame of Any Connected	Organization, Affiliated Committee, Jo lassic Committee	oint Fundraising	Representative	e, or Leadership PAC Spon
Mailing Address	228 S Washington St			
	Ste 115			
	Alexandria		Ŭ VA □	22314-
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Affiliated Committee Ty by name, address (phone number – o	Joint Fundrai	ising Representa	Leadership PAC Sp
esignated Agent: Identi			ising Representa	Leadership PAC Sp
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esignated Agent: Identi	y by name, address (phone number – o		ising Representa	Leadership PAC Sp

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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4.			FEC II) number	С
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Mailing Address					
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	Organization	Affiliated Committee	Joint Fundraising		
Full Name					
Mailing Address					
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TITLE OR POSITION			Telephone N		
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anks or Other Depositorialety deposit boxes or main ame of Bank, epository, etc.	ies: List all banks ntains funds.	CITY A	Telephone N	umber	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi r	g Participant:			
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4			FEC ID number	C
ame of Any Connected	Organization, Affiliated Commi	ttee, Joint Fundrais	ng Representativ	e, or Leadership PAC Spons
Mailing Address				
Relationship:	CITY A	\	STATE ▲	ZIP CODE ▲
	Affiliated Com		ndraising Represent	ative Leadership PAC Sp
	Affiliated Com		ndraising Represent	ative Leadership PAC Sp
esignated Agent: Identif			ndraising Represent	Leadership PAC Sp
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esignated Agent: Identif	by name, address (phone num		ndraising Represent	
esignated Agent: Identify Full Name Mailing Address	by name, address (phone num	per – optional)		
Full Name	by name, address (phone number of the policy	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	ries: List all banks or other depointains funds. Bridge Bank	per – optional)	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depointains funds. Bridge Bank	per – optional)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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TITLE OR POSITION			Telephone I	Jumber		
	▼	CITY A		STATE A		ZIP CODE ▲
Mailing Address						
Full Name						
Designated Agent: Identify	by name, address	s (phone number – optio	onal)			
Connected	I Organization	Affiliated Committee	Joint Fundraisir	g Representa	ative	Leadership PAC Spo
Relationship:	_	CITY ▲	7	STATE ▲		ZIP CODE ▲
Mailing Address						
Name of Any Connected	Organization, Affi	iliated Committee, Join	Fundraising Re	presentative	e, or Lead	lership PAC Sponso
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3.				D number	С	
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FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Deposito safety deposit boxes or matching Address Mailing Address	ries: List all ba	nk 		ephone Number	its funds, ho	olds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all baintains funds.	nk 			its funds, ho	olds accounts, rents
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		CITY A		STATE ▲		ZIP CODE ▲
		2.77		07175		
Mailing Address						
Full Name						
Designated Agent: Identify	y by name, ad	dress (phone numb	er – optional)			
Connected	d Organization	Affiliated Comr	nittee Joint I	Fundraising Represen	tative	Leadership PAC Spo
Relationship:		CITY A		STATE A		ZIP CODE ▲
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Č						
Mailing Address	1				1 1 1 1	
Name of Any Connected	Organization,	Affiliated Commit	tee, Joint Fundra	ising Representati	ve, or Lead	ership PAC Sponso
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				FEC ID number	C	
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FEC Form 1S (Revised 02/2017)

g) or (h). Joint Fundraisi r	ng Participant:		
,, ,, 1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
		FEC ID number	С
T- [
Name of Any Connected	l Organization, Affiliated Committee, Join	t Fundraising Representativ	e, or Leadership PAC Sponsor
1			
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor
Full Name			
Mailing Address			
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Depositors safety deposit boxes or m	ories: List all banks or other depositories in	which the committee deposit	ts funds, holds accounts, rents
Name of Bank, Astra Depository, etc.	<u>pauk</u>		
Mailing Address			
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FEC Form 1S (Revised 02/2017)

g) or (h). Joint Fundraisi n	ng Participant:		
1.		, FEC ID numb	er C
2.		FEC ID numb	er C
3.		 FEC ID numb	er C
		FEC ID numb	er C
Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Represent	ative, or Leadership PAC Sponsor
1			
Mailing Address			
Relationship:	CITY ▲	STATI	ZIP CODE ▲
Connected	d Organization	Joint Fundraising Repre	sentative Leadership PAC Sponso
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE	▲ ZIP CODE ▲
		Telephone Number	
	ories: List all banks or other depositories in	n which the committee dep	posits funds, holds accounts, rents
safety deposit boxes or ma			
Name of Bank, SJN B Depository, etc.	ank of Kansas		
Mailing Address	116 E 3rd Ave		
	PO Box 68		
	St John	KS	67576

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraising	I	FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
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esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, _Truist	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
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